

**ASBESTOS NOTIFICATION OF DEMOLITION AND RENOVATION FORM AAC-2**

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY

OES - Air Permits Division, Manufacturing Section

PO Box 4313, Baton Rouge, LA 70821-4313

Phone (225) 219-3051 Fax (225)219-3156

**Note: Incomplete or Illegible Applications Will Not Be Processed.****I. Type of Notification:** (check one)☐ **Original\*** ☐ **Revised\*** ☐ **Canceled** ☐ **Additional** ☐ **Annual (Maintenance)****II. Type of Operation:** (check one) ☐ **DEMO\*** ☐ **RENO** ☐ **ORDERED**☐ **EMERGENCY** ☐ **NEGATIVE DECLARATION\***

(Complete only Sections w/ asterisks\* for Negative Declarations)

**Boxed Area for LDEQ Use Only**

AI No.

Ck/Voucher

Elec Transfer No.

Amt Received:

Postmark Date:

ADVF No.

Please note  
original ADVF no. if a revision

No. ADVFs

Requested

**III. FACILITY DESCRIPTION \***

Facility Name:

Project Designer La. Accred. No.

Physical Address:

City:

State:

Zip Code:

Parish:

Site Location: (Building no., Name, Floor, Room No. Etc.)

Telephone No. ( )

Building Size:

No. of Floors:

Age in Years:

Present Use:

Prior Use:

**IV. IS ASBESTOS PRESENT: \*** (Circle One) YES NO

Inspection Date: (MM/DD/YY)

Inspector's Name:

Inspector's Accreditation No.

Procedure including analytical method, if appropriate, used to detect the presence of asbestos material:

**V. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING****REMOVAL TIMES:**

(Check One)

☐ **Business Hours** ☐ **After Hours**☐ **Weekends** ☐ **Holidays****RACM/ CATEGORY I & II  
TO BE REMOVED**

(Describe Material-TSI, ceiling, transite etc)

**RACM - UNIT OF  
MEASUREMENT**  
(Type in Amount)**NONREGULATED ACM NOT  
TO BE REMOVED PRIOR TO  
DEMOLITION \* (if applicable)****RACM****CAT I/CAT II****UNIT****CATEGORY I/II**  
(packings, gaskets, resilient/vinyl  
flooring, asphalt roofing, cloth, etc.)**Pipes/ Surface Area**

Linear Ft.

Square Ft.

**Total Volume of RACM**

Cubic Yds.

**VI. FACILITY INFORMATION \***

Owner Name:

Contact Name:

Telephone No.

Fax No.

Mailing Address:

City:

State:

Zip Code:

**VII. ASBESTOS REMOVAL CONTRACTOR INFORMATION FOR RACM**

Asbestos Removal Contractor Name:

LA Contractor's License  
No.

On-Site Supervisor Name:

On-Site Supervisor Accreditation No.

Mailing Address:

Contact:

Supervisor Exp. Date:

City:

Fax No.

State:

Zip Code:

Telephone No.  
( )**VIII. OTHER OPERATOR/DEMOLITION CONTRACTOR: \***

Contact:

Telephone No.  
( )

Mailing Address:

City:

State:

Zip Code:

**IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) \***

Start:

Complete:

**X. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY)**

Start:

Complete:

<b>XI. SOLID WASTE TRANSPORTER TO LANDFILL FOR RACM</b>				
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ( )	
Address:		City:	State:	Zip Code:

<b>XII. SOLID WASTE TRANSPORTER FOR RACM (Other) i.e. CONTRACTOR TRANSPORTER TO DESIGNATED AREA</b>				
Name:	DEQ SW Transporter No.	Contact:	Telephone No. ( )	
Address:		City:	State:	Zip Code:
Physical Location of Drop Off Area:		City:	State:	

<b>XIII. ASBESTOS WASTE DISPOSAL SITE FOR RACM:</b>				
Name:		Contact:	Telephone No. ( )	
Physical Location:		City:	State:	Zip Code:

<b>XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY REPRESENTATIVE: *</b>				
Name:		Title:	Authority:	
Date of Order: (MM/DD/YY)		Date Ordered To Begin: (MM/DD/YY)		

<b>XV. EMERGENCY RENOVATIONS INVOLVING RACM:</b>	
Date and Hour of Emergency: (MM/DD/YY)	Description of the Sudden, Unexpected Event:
Justify circumstances that caused unsafe condition(s) or would cause equipment damage (or an unreasonable financial burden):	

<b>XVI. I certify that the above information is correct and that personnel performing asbestos Demolition or Renovation activities are trained and accredited in accordance with LAC 33:III.5151.F.3.h; and that the evidence of the required training will be available on the project site for inspection by LDEQ personnel.</b>		
_____ (Date)	_____ (Signature of Owner or Operator/Contractor)	_____ (Printed Name)

<b>XVII. <u>NEGATIVE DECLARATIONS ONLY:</u> * I certify that the above information is correct and that no regulated asbestos containing material (RACM) is present or being removed.</b>		
_____ (Date)	_____ (Signature of Owner or Operator/Contractor)	_____ (Printed Name)

<b>XVIII. Description of planned non-RACM Demolition or RACM Renovation work and Methods to be used: *</b>
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<b>ADVF Fees:</b> \$66 (Minimum of 10 working days notification given) \$99 for Emergencies (less than 10 working days notification given) <b><u>No Voucher's Will Be Accepted for Emergencies</u></b> <b><u>No Fee for Negative Declarations (Negative Declarations may be faxed – Fax # 225-219-3156)</u></b> <b>REMIT TO: LDEQ / OES - Air Permits Division, Manufacturing Section, P. O. BOX 4313, BATON ROUGE, LA 70821-4313</b>
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Pursuant to R.S.40.1574 A&B, be advised that no construction or renovation can begin until the plans and specifications are reviewed by the Office of the State Fire Marshall or it is determined by that Office that plans are not required to be submitted.